

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

#### INTOX EC/IR II MAINTENANCE REPORT

RECEIVED By Carol Day at 2:46 pm, Dec 31, 2014

| Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35   |  |  |  |  |
|--|--|--|--|--|
| days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed  |  |  |  |  |
| into service. Retain the original and  | d send a copy within 15 days to the  | Breath Alcohol Program, DHSS.  |  |  |
|  | NAME OF AGENCY   | DATE OF INSPECTION   |  |  |
| 12684  | SPRINGFIELD POLICE DEPT  | 12/24/2014   |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY)   |  | TIME OF INSPECTION   |  |  |
| 2620 W BATTLEFIELD SPRINGFIELD, M  |  | 11:14 CST  |  |  |
| CHECKLIST: Place a mark in the box by  | each item if found to be satisfac  | tory or is operating within  |  |  |
| established limits. (Write in observe  | ed values where determined). Unmar   | ked items must be corrected  |  |  |
| before using instrument.   |  |  |  |  |
| X DIAGNOSTIC RECORD  |  |  |  |  |
| X BLANK CHECK  | X CO2 CHECK  |  |  |  |
| X FC 1 TEMP  | X FLOW CHECK   |  |  |  |
| X SRC TEMP   | X FCB CHECK  | X FCB CHECK  |  |  |
| X DET TEMP   | X CRC COMP CHE   | CK C   |  |  |
| X BT TEMP  | X CRC CAL CHEC   | Κ  |  |  |
| X STD 2 TEMP   | X PRINT TEST   |  |  |  |
| X ETH CHECK  |  |  |  |  |
| BREATH ANALYZER ACCURACY STANDARD  | S  |  |  |  |
| SIMULATOR SOLUTION   |  | THANOL-GAS MIXTURE   |  |  |
| X STANDARD SUPPLIER INTOXIME   |  |  |  |  |
| SIMULATOR TEMP (34°C +0.2°C)   | SIMULATOR S/N  | EXP. DATE 08/12/2015   |  |  |
| 1 SIMOLATOR 15M (54 C ±0.2 C)  | SIMOLATOR S/N  | SIMULATOR EXP DATE   |  |  |
|  |  | •  |  |  |
| X CALIBRATION CHECK - (ONLY ONE S  | TANDARD IS TO BE USED PER MAINT  | ENANCE REPORT)   |  |  |
| X CALIBRATION CHECK - (ONLY ONE S  |  |  |  |  |
| Run three tests using a standard and must have a spread of .005  | d solution. All three tests mu   | ENANCE REPORT) st be within +5% of the standard value nding to the standard solution being   |  |  |
| Run three tests using a standard and must have a spread of .005 dused. (PRINTOUT ATTACHED)   | d solution. All three tests mu<br>or less. Mark the box correspo   | st be within $\pm 5$ % of the standard value anding to the standard solution being   |  |  |
| Run three tests using a standard and must have a spread of .005 dused. (PRINTOUT ATTACHED)  X 0.10% STANDARD - MUST READ BE  | d solution. All three tests mu<br>or less. Mark the box correspo<br>TWEEN 0.095% AND 0.105% INCLUSI  | st be within <u>+</u> 5% of the standard value anding to the standard solution being   |  |  |
| Run three tests using a standard and must have a spread of .005 oused. (PRINTOUT ATTACHED)  X 0.10% STANDARD - MUST READ BETO 1.08% STANDARD - MUST READ BETO 1.08% STANDARD - MUST READ BETO 1.08% STANDARD - MUST READ BET   | d solution. All three tests mu<br>or less. Mark the box correspo<br>TWEEN 0.095% AND 0.105% INCLUSI<br>TWEEN 0.076% AND 0.084% INCLUSI   | st be within <u>+</u> 5% of the standard value nding to the standard solution being  VE  VE  |  |  |
| Run three tests using a standard and must have a spread of .005 oused. (PRINTOUT ATTACHED)  X 0.10% STANDARD - MUST READ BETO 1.08% STANDARD - MUST READ BETO 1.08% STANDARD - MUST READ BETO 1.08% STANDARD - MUST READ BET   | d solution. All three tests mu<br>or less. Mark the box correspo<br>TWEEN 0.095% AND 0.105% INCLUSI  | st be within <u>+</u> 5% of the standard value nding to the standard solution being  VE  VE  |  |  |
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| Run three tests using a standard and must have a spread of .005 cused. (PRINTOUT ATTACHED)  X 0.10% STANDARD - MUST READ BETO .008% STANDARD - MUST READ BETO .004% STANDARD - MUST READ BETO .100 g/210L  TEST 1 0.100 g/210L  INDICATE THE NUMBER OF BREATH TEST   | d solution. All three tests mu or less. Mark the box correspondence of the correspondenc | st be within ±5% of the standard value inding to the standard solution being  VE  VE  VE  VE  TEST 3 0.099 g/210L  |  |  |
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| Run three tests using a standard and must have a spread of .005 oused. (PRINTOUT ATTACHED)  X 0.10% STANDARD - MUST READ BETO .00% STANDARD - MUST READ BETO .004% STANDARD - MUST READ BETO .100 g/210L  TEST 1 0.100 g/210L  | d solution. All three tests mu or less. Mark the box correspond TWEEN 0.095% AND 0.105% INCLUSI TWEEN 0.076% AND 0.084% INCLUSI TWEEN 0.038% AND 0.042% INCLUSI EST 2 0.099 g/210L TS IN THE FOLLOWING RANGES SINC  0509 0 .1014 0 ION OR MODIFICATION THAT WAS MADE TO RES  | st be within ±5% of the standard value anding to the standard solution being  VE  VE  VE  TEST 3 0.099 g/210L  E THE LAST MAINTENANCE REPORT:  .1519 0 OVER .19 0                                  |  |  |
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Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

### **Certificate of Analysis**

| Customer Name       |
|---------------------|
| Intoximeters, Inc.  |
| 2081 Craig Road     |
| St. Louis, Mo 63146 |

Test Date: 13-Aug-2013

Lot # AG322402

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

12-Aug-2015

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance '

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| Serial No.         Concentratio           EB0010581         391.8 ppm           EB0010570         259.8 ppm           EB0010285         209.0 ppm |  |
|---|--|
| EB0010285 209.0 ppm<br>EB0010561 103.7 ppm<br>EB0010681 52.22 ppm   |  |

| <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|
| EB0010603         | 392.5 ppm            |
| EB0010559         | 258.9 ppm            |
| EB0010595         | 208.9 ppm            |
| EB0010562         | 104.9 ppm            |
| EB0010579         | 52.94 ppm            |
|                   | • •                  |

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2013.08.13 14:31:53 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## TONY D'ANDREA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

# DATAMASTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

| DATE9/4/2013      | when   |
|-------------------|--|
| UAIC 7/9/2013     | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER 230183     | Dail Vasterly  |
| EXPIRES 9/4/2015  | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |
| 40 -44 0774 IO 48 | LAB.4 (PS.10)  |

MO 580-0771 (6-10)

LAB-4 (R6-10)



Operator

D'ANDREA, TONY

Permit No 230183

Date Issued 9/4/2013 Date Expires 9/4/2015